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# The SAVI Report: Sexual Abuse and Violence in Ireland. Executive Summary

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# **The SAVI Report**

## **Sexual Abuse and Violence in Ireland**

Book reference: McGee H, Garavan R, deBarra M, Byrne J, Conroy R. The SAVI Report. Sexual Abuse and Violence in Ireland. A national study of Irish experiences, beliefs and attitudes concerning sexual violence. Dublin: Liffey Press, 2002. 350 pages. ISBN 1-904148-10-7.

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### **OVERVIEW**

Sexual violence is a serious problem affecting individuals, families and societies. In Ireland there has been a substantial increase in the number of sexual offences reported over the past 20 years. While the number of recorded crimes increase, there is still concern that there is considerable under-reporting of sexual violence in Irish society. The SAVI Report aims to provide the first comprehensive investigation of lifetime experiences of sexual violence and the uptake of related services in Ireland. The SAVI study comprises two components. The first is a major survey of over 3,000 members of the general public about their attitudes and beliefs and their own lifetime experiences of sexual violence. Uptake of services and barriers concerning disclosure to others (including law enforcement, medical and therapeutic services) are considered. A parallel section considers the particular challenges of preventing and managing sexual violence in marginalized groups. Six exemplar groups were considered using varying research approaches – homeless women, the Travelling community, prisoners, women involved in prostitution, people with a learning disability and those using psychiatric services.

The SAVI Report was commissioned by the Dublin Rape Crisis Centre and undertaken by the Health Services Research Centre at the Department of Psychology, Royal College of Surgeons in Ireland. Additional support to the study was provided by two Government Departments – the Department of Health & Children and the Department of Justice, Equality and Law Reform. The Health Services Research Centre was established as the first such centre in Ireland in 1997. Its aim is to promote quality in Irish healthcare

through research. Its work facilitates cooperation among researchers, health and social service professionals, policy makers and health service users. Recently completed projects include assessment of the health status and health care of homeless people, of those infected with hepatitis C through State-provided blood products, and of older people in Ireland. Ongoing projects include evaluation of barriers to organ donation, patient satisfaction with outpatient hospital services, Traveller health service experiences and patient access to cardiac services. Its work is funded by Government agencies, voluntary bodies and donations. [Further information: tel. +353-1-4022418/28]

## **EXECUTIVE SUMMARY**

### **BACKGROUND**

The prevalence of sexual violence in Ireland is unknown. Incomplete evidence from crime statistics, previous research reports and service uptake figures is insufficient to understand the nature and extent of the problem and to plan and evaluate services and preventive interventions.

The main aim of the SAVI study was to estimate the prevalence of various forms of sexual violence among Irish women and men across the lifespan from childhood through adulthood.

Additional aims of the study were to describe who had been abused, the perpetrators of abuse, the context in which abuse occurred and some

psychological consequences of abuse; to describe the pattern of disclosure of such abuse to others, including professionals; to document public beliefs about and perceived prevalence of sexual violence; to assess public willingness to disclose abuse to others in the event of a future experience; to document particular challenges experienced in addressing sexual violence by marginalised groups; and to make recommendations for future developments in the areas of public awareness, prevention, service delivery and policy development.

## **METHOD**

A survey assessing the prevalence of sexual violence was conducted by anonymous telephone interviews with randomly selected participants from the general population in Ireland. They were interviewed at home telephone numbers in the period March to June 2001.

Many ethical and safety considerations were built into the study design to ensure that a high quality and sensitive approach was used. Interviewers were highly qualified and underwent additional training and regular supervision in the conduct of the interviews. A wide range of safety mechanisms were put in place to reassure participants about study authenticity and to provide them with access to professional services if required.

## **RESULTS**

### **Study Population**

Over 3,000 randomly selected Irish adults took part in the study (n = 3,120). This represented a 71 per cent participation rate of those invited. For a telephone survey, and on such a sensitive topic, this very high participation rate means that the findings can be taken as broadly representative of the general population in Ireland. The information available can therefore provide important and previously unavailable information on the extent and nature of sexual violence in Irish society.

## Prevalence of Sexual Violence

### *Child Sexual Abuse (defined as sexual abuse of children and adolescents under age 17 years)*

- **Girls:** One in five women (20.4 per cent) reported experiencing contact sexual abuse in childhood with a further one in ten (10.0 per cent) reporting non-contact sexual abuse. In over a quarter of cases of contact abuse (i.e. 5.6 per cent of all girls), the abuse involved penetrative sex — either vaginal, anal or oral sex.
- **Boys:** One in six men (16.2 per cent) reported experiencing contact sexual abuse in childhood with a further one in fourteen (7.4 per cent) reporting non-contact sexual abuse. In one of every six cases of contact abuse (i.e. 2.7 per cent of all boys), the abuse involved penetrative sex — either anal or oral sex.

### *Adult Sexual Assault (defined as sexual violence against women or men aged 17 years and above)*

- **Women:** One in five women (20.4 per cent) reported experiencing contact sexual assault as adults with a further one in twenty (5.1 per cent) reporting unwanted non-contact sexual experiences. Over a quarter of cases of contact abuse in adulthood (i.e. 6.1 per cent of all women) involved penetrative sex.
- **Men:** One in ten men (9.7 per cent) reported experiencing contact sexual assault as adults with a further 2.7 per cent reporting unwanted non-contact sexual experiences. One in ten cases of contact abuse in adulthood (i.e. 0.9 per cent of all men) involved penetrative sex.

### *Lifetime Experience of Sexual Abuse and Assault*

- **Women:** More than four in ten (42 per cent) of women reported some form of sexual abuse or assault in their lifetime. The most serious form of abuse, penetrative abuse, was experienced by 10 per cent of women. Attempted penetration or contact abuse was experienced by 21 per cent, with a further 10 per cent experiencing non-contact abuse.

- **Men:** Over a quarter of men (28 per cent) reported some form of sexual abuse or assault in their lifetime. Penetrative abuse was experienced by 3 per cent of men. Attempted penetration or contact abuse was experienced by 18 per cent, with a further 7 per cent experiencing non-contact abuse.

### ***Characteristics of Sexual Abuse and Violence in Childhood and Adulthood***

- Overall, almost one-third of women and a quarter of men reported some level of sexual abuse in childhood. Attempted or actual penetrative sex was experienced by 7.6 per cent of girls and 4.2 per cent of boys. Equivalent rape or attempted rape figures in adulthood were 7.4 per cent for women and 1.5 per cent for men. Hence, girls and women were more likely to be subjected to serious sexual crimes than boys and men. Levels of serious sexual crimes committed against women remained similar from childhood through adulthood. Risks for men were lower as children than they were for women and decreased three-fold from childhood to adult life.
- Of those disclosing abuse, over one-quarter (27.7 per cent) of women and one-fifth (19.5 per cent) of men were abused by different perpetrators as both children and adults (i.e. “revictimised”). For women, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in risk of adult penetrative sexual abuse, and with a five-fold increase in risk of adult contact sexual violence. For men, experiencing penetrative sexual abuse in childhood was associated with a sixteen-fold increase in the risk of adult penetrative sexual violence, and an approximately twelve-fold increase in the risk of adult contact sexual violence. It is not possible to say that childhood abuse “causes” adult revictimisation. Childhood sexual abuse is, however, an important marker of increased risk of adult sexual violence.
- Most sexual abuse in childhood and adolescence occurred in the pre-pubescent period, with two-thirds (67 per cent) of abused girls and 62 per cent of abused boys having experienced abuse by twelve years of age.

- In four of ten cases (40 per cent), the experience of child sexual abuse was an ongoing, rather than a single, abuse event. For many of those who experienced ongoing abuse (58 per cent of girls and 42 per cent of boys), the duration of abuse was longer than one year.
- A third (36 per cent) of those who had experienced sexual abuse as a child now believe that their abuser was also abusing other children at the time.

### **Characteristics of Perpetrators and Context of Sexual Violence**

- Most perpetrators of child sexual abuse (89 per cent) were men acting alone. Seven per cent of children were abused by one female perpetrator. In 4 per cent of cases more than one abuser was involved in the same incident(s).

### ***Perpetrators of Child Sexual Abuse***

- **Girls:** A quarter (24 per cent) of perpetrators against girls were family members, half (52 per cent) were non-family but known to the abused girl and a quarter (24 per cent) were strangers.
- **Boys:** Fewer family members were involved in child sexual abuse of boys. One in seven perpetrators (14 per cent) was a family member with two-thirds (66 per cent) non-family but known to the abused boy. One in five (20 per cent) were strangers.
- In sum, in four-fifths of cases of child sexual abuse, the perpetrator was known to the abused person.
- The perpetrator was another child or adolescent (17 years old or younger) in one out of every four cases.
- A relatively small percentage of perpetrators fitted the current stereotype of abusers of children: strangers were in the minority - over 80% of children were abused by those known to them. Fathers constituted 2.5% of all abusers with clerical/religious ministers or clerical/religious teachers constituting 3.2% of abusers. The most common other relative or authority figure categories were uncles (6.2%), cousins



(4.4%), babysitters (4.4%), brothers (3.7%) and non-religious/clerical teachers (1.2%). This profile made clear that apart from the broad conclusion that perpetrators of childhood sexual abuse are most likely to be known to the child and to be male, there is little other clue to identify likely abusers. Reflecting on what therapists see in counselling for abuse, while experiences such as sexual abuse by fathers are relatively rare, the chances of seeking therapy are dramatically increased if the abuse experienced is perpetrated by a close family member such as a father.

### ***Perpetrators of Sexual Violence against Adults***

- Almost one-quarter (23.6 per cent) of perpetrators of sexual violence against women as adults were intimate partners or ex-partners. This was the case for very few (1.4 per cent) abused men. Instead, most perpetrators of abuse against men were friends or acquaintances (42 per cent). The risk of sexual assault by a stranger was higher for adults (representing 30 per cent of assaults on women and 38 per cent of assaults on men) than for children.
- Alcohol was involved in almost half of the cases of sexual assault that occurred as an adult. Of those who reported that alcohol was involved, both parties were drinking in 57 per cent of cases concerning sexual assault of women, and in 63 per cent of cases concerning sexual assault of men. Where only one party was drinking, the perpetrator was the one drinking in the majority of cases (84 per cent of female and 70 per cent of male assault cases).

### **Psychological Consequences of Sexual Violence**

- Approximately one in three (30 per cent) women and one in four (18 per cent) men reported that their experiences of sexual violence (either in childhood, adulthood or both) had had a moderate or extreme effect on their lives overall.
- A quarter (25 per cent) of women and one in six (16 per cent) men reported having experienced symptoms consistent with a diagnosis of post-traumatic stress disorder (PTSD) at some time in their lives

following, and as a consequence of, their experience of sexual violence.

- Those who had experienced sexual violence were significantly more likely to have used medication for anxiety or depression or to have been a psychiatric hospital inpatient than those without such experiences. For instance, those who had experienced attempted or actual penetrative sexual abuse were eight times more likely to have been an inpatient in a psychiatric hospital than those who had not been abused.

### **Disclosure of Experiences of Sexual Violence**

- Almost half (47 per cent) of those who disclosed experiences of sexual violence in this study reported that they had never previously disclosed that abuse to others. Thus in a study of over 3,100 adults, almost 600 people disclosed instances of abuse for the first time to another person.
- Older people were generally less likely than other age groups to have disclosed to others in the past with one exception: most (60 per cent) young men who had experienced child sexual abuse had told no-one prior to the study.
- Most people who disclosed sexual violence did so to friends (71 per cent) or family members (43 per cent). Family members were more likely to be told in the case of child sexual abuse.
- The most common reason people gave for not telling about their abuse as children was because of feeling ashamed or blaming themselves. A quarter of both men and women who had experienced child sexual abuse reported these as the reasons for not telling. These reasons were uncommon for those who had experienced sexual violence as adults. A fifth of adults had not disclosed sexual assault because they thought that what had happened to them was too trivial to tell others.
- Disclosure of sexual violence to professionals was strikingly low. Regarding experiences of adult sexual assault, only one man (of 98

abused, i.e. 1 per cent) and 7.8 per cent of women (19 of 244) had reported their experiences to the Gardaí (i.e. 6 per cent overall of those abused). Patterns were similar regarding experiences of child sexual abuse. Ten men (of 178) and 28 women (of 290) reported their experiences to the Gardaí (i.e. 8 per cent overall of those abused). Disclosure to medical professionals was 6 per cent for adult abuse and 4 per cent for child abuse while disclosure to counsellors/therapists was 12 per cent with 14 per cent of women and 8 per cent of men disclosing to counsellors/therapists.

- Regarding client evaluation of services received from professionals, overall satisfaction with services received was greatest for counsellors and therapists at 81 per cent. About half (56 per cent) of those who reported to the Gardaí were satisfied overall with the service they received with little differences for child or adult abuse. Those who received help from medical professionals were mixed in their ratings, with those who received services for adult sexual assault being almost twice as satisfied with the services they received than those with experiences of child sexual abuse (60 per cent versus 33 per cent).
- Lack of information from the Gardaí and medical personnel was the main source of dissatisfaction with services. Specifically, Gardaí were seen to provide inadequate explanations of procedures being undertaken, and medical personnel were seen as needing to provide more information regarding other available services and options. With regard to counselling services, time waiting to get an appointment was the major source of dissatisfaction.
- Legal redress for sexual crimes, as reported in this study, was the exception rather than the rule. Of 38 individuals who reported child sexual abuse to the Gardaí, six cases (16 per cent) resulted in court proceedings with four guilty verdicts. Of 20 people reporting adult sexual assault, two court cases (10 per cent) were taken with one resulting in a guilty verdict.

### **Public Perceptions of Sexual Violence**

The perceptions of all the participants were taken to represent the “public” perception of sexual violence in Irish society today.

#### ***Perceptions of Prevalence of Sexual Violence***

- Estimates of the prevalence of adult sexual assault and most types of child sexual abuse by the participants indicated that about half of those interviewed were quite inaccurate about the frequency of such events, either because they over-estimated or under-estimated them. Under-estimation was more common, with a third under-estimating the prevalence of rape among adult women and men, and child abuse by non-family members. However, participant estimates regarding the prevalence of incest were substantially higher than those reported in the present study.
- Participants significantly overestimated the number of cases reported to the Gardaí (estimated 34 per cent women and 16 per cent men; actual percentages 10 per cent women and 6 per cent men) while correctly signalling the gender difference of men being less likely to report than women. Estimates of the likelihood of getting a conviction in court cases were similar to actual reports although actual reports relate to such small numbers that conclusions need to be drawn with caution.

#### ***Perceptions of Probability of Disclosure***

- When asked to judge whether they would tell others if they themselves were sexually abused, over a quarter of study participants said that they would be unlikely to tell family members. More (41 per cent) felt they probably would not tell friends. Regarding professionals, over a quarter (27 per cent) felt they would be unlikely to tell the Gardaí and almost a quarter were uncertain or thought they would not go to a counsellor. However, most (85 per cent) felt they would disclose to a doctor, some with the added qualification that they would only if medically necessary. Men were more likely to think they would not disclose to all groups except doctors.

### ***Perceptions of Service Access***

- Over a quarter of the group (27.6 per cent) reported that they would not know where to go to get professional help for sexual violence if they needed it. Men were significantly less likely than women to be able to identify where they could go for help and young adults of both sexes (those aged 18–24) were less likely than others to know where to seek help. Half of young men (i.e. under age 30) reported that they would not know where to find professional support or services.

### **Public Beliefs about Sexual Violence**

Beliefs about sexual violence were assessed with attitude statements about common rape beliefs.

- Some reported attitudes reflected more accurate views and views which are more supportive to those who are affected by sexual violence. For instance, almost all (92 per cent) agreed that “a date rape can be just as traumatic as rape by a stranger”; 85 per cent agreed that “a raped woman is usually an innocent victim” and 91 per cent disagreed that “child sexual abuse is usually committed by strangers”. On the other hand, four in ten (40 per cent) of study participants felt that “accusations of rape are often false”.
- Men were significantly more accepting of attitudes reflecting rationalisations or victim-blaming concerning sexual violence than women, particularly with regard to motivation for rape and sexual violence committed against men. Specifically, 47 per cent of men (versus 34 per cent of women) agreed that “the reason most rapists commit rape is overwhelming sexual desire” and 41 per cent of men (versus 27 per cent of women) agreed that “men who sexually assault other men must be gay (homosexual)”.
- Attitudes towards media coverage of sexual violence were predominantly positive with three-quarters (76 per cent) believing coverage was beneficial.

### **Sexual Harassment**

- Some form of sexual harassment was experienced at least once during the last 12 months by 16.2 per cent of women and 12.6 per cent of men. Being stalked in a way that was frightening to them was reported by 1 per cent of the participants.

### **Marginalised Groups**

- A large national telephone survey is a useful means of estimating levels of sexual violence for the general population. However, it cannot adequately reflect the experiences of marginalised groups in Ireland. This study selected a range of exemplar groups to illustrate the additional challenges that disclosure and management of sexual violence poses for marginalised groups. The groups selected were homeless women and their children, Traveller women, prisoners, women in prostitution, people with learning disabilities, and those with psychiatric problems.

## **RECOMMENDATIONS**

- **Recommendation 1:** That a comprehensive public awareness campaign on sexual violence be developed, delivered and evaluated in Ireland.
- **Recommendation 2:** That a range of information materials on services for sexual violence be developed and made available in appropriate settings and formats to assist those in need of such services.
- **Recommendation 3:** That barriers to the disclosure of sexual violence be addressed at the level of the general public, professionals and systems.
- **Recommendation 4:** That all those responsible for public awareness, educational, health-related or law enforcement service delivery on the issue of sexual violence incorporate information on vulnerability for specific groups in their activities. These groups include those

abused as children, adult women and adult men; perpetrators of abuse; and marginalised groups.

- **Recommendation 5:** That the need for service developments be anticipated and planned on the basis of a comprehensive needs evaluation of evidence for medical, counselling and law enforcement services. This should take into account potential increases in service demand as a consequence of public awareness campaigns. Co-ordination of service development and public awareness strategies is essential. A service needs assessment should be conducted for those who have experienced or otherwise been affected by sexual violence, to include all statutory and voluntary agencies and to address both medical and counselling services.
- **Recommendation 6:** That a range of educational materials on sexual violence in Irish society be developed for relevant professionals; this to complement a national public awareness campaign. In addition, that regular assessment of the user perspective be incorporated into service evaluation and planning for improvement.
- **Recommendation 7:** That a systematic programme of Irish research is needed to inform, support and evaluate developments in addressing sexual violence in the coming years. This should include a regular national survey assessing public attitudes and experiences and critically evaluating changes in both over time.
- **Recommendation 8:** That a Consultative Committee on Sexual Violence be established with the responsibility and authority to ensure that recommendations arising from the SAVI Study and similar reports are acted on by relevant agencies within an appropriate timeframe. This Committee should represent the broad constituency of interests which can contribute to effective management of the societal challenge of sexual violence.